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**FACSIMILE TRANSMISSION COVERSHEET**

DATE: September 26, 2006  
 TO: Examiner Michael L. BORIN  
 Group Art Unit 1631  
 Mail Stop AF  
 Commissioner for Patents  
 P. O. Box 1450  
 Alexandria, VA 22313-1450  
 RE: U.S. Patent Application No. 10/087,541  
 Filed: March 1, 2002  
 Confirmation No.: 2245  
 Attorney Docket No.: 5010-349  
 FROM: Leonard D. Bowersox  
 FAC. NO.: (571) 273-8300



**NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 22**

Items Attached: Transmittal Form 1 Page  
 Fee Transmittal 1 Page  
 Credit Card Payment Form 1 Page  
 Petition for 1-Month Extension of Time 1 Page  
 RCE Transmittal 1 Page  
 Amendment 16 Pages

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Virginia J. Byers  
 Name (Print)



Signature

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PTO/SB/21 (08-00)

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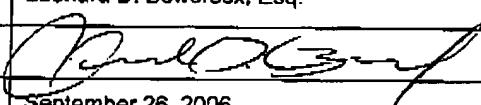
(to be used for all correspondence after initial filing)

		Application Number	10/087,541
		Filing Date	March 1, 2002
		First Named Inventor	Benjamin R. HALPERN
		Group Art Unit	1631
		Examiner Name	Michael L. BORIN
Total Number of Pages in This Submission	20	Attorney Docket Number	5010-349 (formerly ABIOS.022A)

## ENCLOSURES (check all that apply)

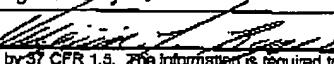
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Acknowledgement Postcard
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): RCE Transmittal and Credit Card Payment Form (\$910.00)
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Leonard D. Bowersox, Esq.
Signature	
Date	September 26, 2006

## CERTIFICATE OF MAILING

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Date	September 26, 2006

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Effective on 12/8/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).**FEE TRANSMITTAL  
For FY 2006** Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$910.00)

Complete if Known

Application Number	10/087,541	RECEIVED
Filing Date	March 1, 2002	CENTRAL FAX CENTER
First Named Inventor	Benjamin R. HALPERN	
Examiner Name	Michael L. BORIN	
Art Unit	1631	SEP 26 2006

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 50-0925 Deposit Account Name: KILYK & BOWERSOX, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=			50	25

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
- 3 or HP =	x	=			

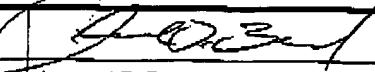
HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**RCE FeePetition for One-Month Extension of Time Fee**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	33,226	Telephone	703-385-9688
Name (Print/Type)	Leonard D. Bowersox			Date	September 26, 2006

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